

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <i>09546,735</i>	FILING DATE				
							APPLICANT(S)					
							<b>CLAIMS</b>					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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